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FAX NO.: <u>702-572-9313</u>												
FROM: <u>Edmond J. Wall</u>												
DATE: <u>1/14/02</u>												
MATTER: <u>Serial No. 09/458,321 Filed: 12/20/99</u>												
DOCKET NO.: <u>DTV/MH0</u>												
APPLICANT: <u>Yong Ho Son et al.</u>												
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TO: Assistant Commissioner of Patents
FAX NO.: 703-872-9314
FROM: Eamon J. Wall (by Laura E. Crater)
DATE: 3/26/02
MATTER: Serial No. 09/458,321 Filed: 12/20/99
DOCKET NO.: DIVA/040
APPLICANT: Yong Ho Son et al.

**RESUBMITTED PURSUANT TO TELEPHONE CONVERSATION WITH
EXAMINER SRIVASTAVA ARE TRUE COPIES OF JANUARY 14, 2002
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TO: Assistant Commissioner of Patents
FAX NO.: 703-872-9313
FROM: EAMON J. WALL
DATE: 1/14/02
MATTER: Serial No. 09/458,321 Filed: 12/20/99
DOCKET NO.: DIVA/040
APPLICANT: Yong Ho Son et al.

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/458,321	
	Filing Date	12/10/99	
	First Named Inventor	SON	
	Group Art Unit	2611	
	Examiner Name	Srivasta, V.	
Total Number of Pages in This Submission	18	Attorney Docket Number	DIVA/040

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any underpayment or credit any overpayment of fees (including but not limited to any extension fees pursuant to 1.136(a)), to Deposit Account 50-1316. A duplicate copy of this transmittal is attached.
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Eamon J. Wall, Reg. No. 39,414	
Signature	<i>E J Wall</i>	
Date	1/14/02	

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